

2007 FOR PROFIT CORPORATION REINSTATEMENT

10P2

FILED

07 JUL 27 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000139461

1. Entity Name
J.M. TRANSPORT CORPORATION

Principal Place of Business
2965 WINPOCK AVE
DELTONA, FL 32738

Mailing Address
2965 WINPOCK AVE
DELTONA, FL 32738

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

51-0580289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYA, JOSE A
2965 WINPOCK AVE
DELTONA, FL 32738

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MOYA, JOSE A
STREET ADDRESS 2965 WINPOCK AVE
CITY ST ZIP DELTONA, FL 32738

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUL 27 2007

July 10, 2007

Florida Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am writing behalf of my client, JM Transport Corporation.

Please note the completed, signed reinstatement statement, in order for my client to become reinstated.

We would greatly appreciate if your department can show some leniency to my client, because his business requires him to be on the road, as well as my client moved his principle residency. He never received the "Annual Report Fee", so your department inactivated his Corporate Status, in the State of Florida.
We would be extremely grateful if you can reduce any penalties my client incurred.

We have enclosed a check for \$ 300.00, to hopefully reinstate his Corporate Status.
If you choose not to waive my client's penalty, please forward us immediately an invoice, in order for my client to remain in compliance.

Thank you very much for your cooperation and support, in dealing with this important issue.

We are anxiously awaiting your written response, in order to correct this misunderstanding.

Sincerely,



Victor M. Verdi
Accountant

Jose Moya
Stockholder